

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION			
O.I.P.E. CLASSIFIER	M.D.N	CD	11-10-00
FORMALITY REVIEW	M.M.	71625	12-23-00
RESPONSE FORMALITY REVIEW	M.M.	71628	3-20-01

INDEX OF CLAIMS

✓ Rejected N Non-elected
 = Allowed I Interference
 - (Through numeral).... Canceled A Appeal
 ÷ Restricted O Objected

Claim	Date
Final	Original
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Claim	Date
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If more than 150 claims or 10 actions
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